



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Mortuary Science of New Jersey

124 Halsey Street, 6th Floor, P.O. Box 45009

Newark, New Jersey 07101

(973) 504-6425

**Instructions for the Reactivation of an
Inactive-Paid Funeral Director's License**

Submit all of the following to the mailing address indicated above:

Reinstatement Application:

Complete all parts of the application.

Application Fees:

- (1) Payment of \$125.00 reactivation fee.

Affidavit of Employment:

- (1) Submit an affidavit of all employment (whether or not the employment was in funeral service) that lists each job held during the Inactive-Paid licensure period. This affidavit must include the names, addresses, and telephone numbers of each employer; and
- (2) A notarized statement indicating whether or not you were engaged in the practice of mortuary science in the state of New Jersey during the period that your New Jersey license was in an Inactive-Paid status. If you were practicing mortuary science during the Inactive-Paid license period, you must include a list of where you were employed and on what dates.

Proof of Competency:

- (1) Submit satisfactory documentation that you have maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license. See **N.J.A.C. 13:36-10.11(a)**.



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Application for Reactivation of a Funeral Director's License

Complete the following information. Please print clearly.

Name: _____

Address: _____
Street

City State ZIP code

Home telephone number: _____ (include area code) Work telephone number: _____ (include area code)

Fax number: _____ (include area code) Social Security No.: _____

Date of birth: _____ N.J. License No.: _____

Answer all questions from the time period that you were last licensed in New Jersey. For all "Yes" answers, provide sufficient details on a separate sheet of paper.

1. Has any action been taken, or is any action pending, against your professional license or certificate, or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation, or action by any state or jurisdictional licensing authority that you have not already reported to this Board? ☐ Yes ☐ No
2. Have you been arrested, charged or convicted of any crime or offense that you have not already reported to this Board? (Minor traffic offenses, such as speeding or parking need not be provided, but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

If you answered "Yes" to either of these questions, you must describe the circumstances surrounding the event(s) on a separate piece of paper, and provide copies of the relevant complaint(s), indictment(s), judgment(s), order(s), and any other official documents which relate to the event(s) in question.

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

